

EXHIBIT 5a

PART 1

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5-4-06	A I/M HERE AT MY REQUEST FOR MD TO EVALUATE
1120	S/P LIPOMA EXCISION & WOUND PACKING (IODOFORM)
	D IN NAD
	ABD & 7-10 CM SURGICAL SCAR INCISION LUD
	EDGES SLIGHTLY SEPERATED DISTAL & PROX.
	IODOFORM CAUSE IN PLACE. MILD TO MOD ERYTHEMA
	TENDER. DRESSING & GREENISH DISCHARGE & ODOR
	A S/P LIPOMA CYST EXCISION
	P I/H ALSO SEEN BY DR BECKER.
	IODOFORM CAUSE IS REMOVED
	WOUND CLEANED & H ₂ O ₂ & NS → MILD TO MODERATE
	BLEEDING AFTER BEING CLEANED
	DRESSING 4x4(2) 5x9 ABD PAD COMPRESSION DSG.
	KEEP DRY & CLEAN
	Δ DSG DAILY - SUPPLIES GIVEN TO IM
	RTC 7-10 DAYS FOR RECHECK
	HAS FLU SURGICAL APPT
	CONT ANTIBIOTICS BACTEM DS + KEFLEX
	<i>[Signature]</i> M/C / J. GERAGT M/C

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

USO LEWISBURG

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

10924052

WARD NO.

MOSHIER, DONALD L.

DOB 8/18/61

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

0000001

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

FIRM (41 CFR) 201-9.202-1

USP LVN

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

DATE

5-2-06

CHRONIC CARE/SPECIALTY CLINIC(S): ID. / PULMONARY

1015

SUBJECTIVE: S/P LIPOMA REMOVAL LUG 3-23-06 GERD

CONTINUES TO HAVE DRESSING ΔD AND TIDIFORM ADVANCED

Present Medical Concerns:

C/O RLEG PAIN AND OCCASIONAL RLEG PAIN

Medication Side Effects:

NONE

Medication Compliance: - STATES HG TAKE REGULARLY

Diet: LOW FAT

Exercise: MINIMAL

Tobacco Usage: ∅

Base Line Studies

Next Annual Studies Due

CXR Present:

UA:

ECG Present:

Lipids:

Peak Flow Present:

Fundoscopic & Tonometry:

Diagnostic Study Results Since Last Clinic Visit:

Consultant Reports Since Last Clinic Visit:

OBJECTIVE:

General Appearance: TAN NAID

Vital Signs:

B/P 125/80 P 78

PEAK FLOW 552

T 97.9

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

000002

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

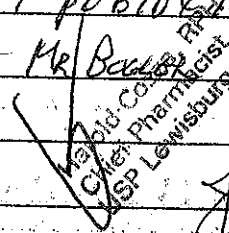
10924052

WARD NO.

MOSHIER, DONALD L
DOB 8/18/61

USP Lewisburg

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	Skin: - DIFFUSE ACNE VULGARIS SCARING
	HEENT Non ECTERIC CONJUNCTIVA NORMAL
	Chest/Heart/Lungs: COR REG RATE @ M. LUNGS CLEAR TO A/P & L
	Abdomen/GI: SOFT - MILDLY TENDER RUQ LUG & ERYTHEMATOUS
	7-10CM SURGICAL EXCISION WHICH IS DRESSED & IODOFORM GAUZE AND
	Extremities: HAS SEPARATION AT DISTAL & PROX AREAS.
	CNS: SP CORDYSTROM SCAR RUQ BS (+) GROSSLY INTACT
	ASSESSMENT: (1) ASTHMA (2) ID HEP C (3) S/L LIPOMA EXCISION (4) GERD
	PLAN:
	Patient Education:
	(<input checked="" type="checkbox"/>) Tobacco Cessation (<input checked="" type="checkbox"/>) Low Fat/High Fiber Diet (<input checked="" type="checkbox"/>) Walking
	(<input checked="" type="checkbox"/>) Medication Compliance (<input checked="" type="checkbox"/>) Monitoring Condition
	DRESSING Δ D - IODOFORM ADVANCED
	Diagnostic Studies:
	(<input type="checkbox"/>) Viral Load (<input type="checkbox"/>) EKG (<input type="checkbox"/>) LFT's
	(<input type="checkbox"/>) Lymphocyte Subset (<input type="checkbox"/>) CXR (<input checked="" type="checkbox"/>) Peak Flow
	(<input checked="" type="checkbox"/>) CBC (<input type="checkbox"/>) Lipids (<input type="checkbox"/>) Other:
	(<input checked="" type="checkbox"/>) SMA-24 (<input type="checkbox"/>) UA
	Consults:
	Return To Clinic: 3 MONTHS
	Medications:
	1 ALBUTEROL MDI II PUFFS QID #1 x 5R
	2 RANITIDINE 150mg T PO BID # 60 x 5R
	3 NAPROXEN 500mg T PO BID & Food #60 x 5R
	4 CEDHAXLIN 500mg TPO TID x 10 DAYS #30
	5 BACTRIM D/S T PO BID x 10 DAYS #20
	6 Will discuss w Mr. Boush CONC: SURGERY P/4
	 Webber, Cole, & Associates, P.A. Chief Pharmacist MSP Lewisburg
	J GERAGI PAC
	000003
	Dr. Anthony Bussanich, M.D.

NSN 7540-00-834-4176

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MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
4/19/06 0930	<p>- Admin: S/m seen by Surgeon this AM for incisional wound ✓, packed & iodine gauze to allow healing from inside-out.</p> <p>- A: wound cavitation s/p lipomectomy —</p> <p>- P: Stuff to pull out 1 inch/day and cut off slowly - redress, recheck PRN if persists/worsens</p> <p>- GOD pull 1" here in urgent case.</p> <p>————— S. Gault / Samuel Gosa P.A.C</p>		
4/21/06 0949	<p>Admin note: wound care given & sent to S. Gault for dressing change. 1 inch of gauze removed. Wound = 1/2" length. Healed. Flare on 4/23/06</p> <p style="text-align: right;">William Bogler, P.A.C Physician Assistant</p>		
4/25/06 1150	<p>Admin note: Matures for dog. No complications or complaints.</p> <p style="text-align: right;">B. Prince ENT P B. PRINCE ENT P B. PRINCE ENT P 04/25/2006</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

USP LEWISBURG
HEALTH SERVICES UNIT
LEWISBURG, PA 17837

mosher, David

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000004

000005

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
3/28/06 0943	Patient Seen by Optometrist. <i>[Signature]</i> KAREN J. MASSEB ADMINISTRATIVE ASST
04/04/06 0821	<p>S. 44 1/2 WM who had a S/P on LUQ for the excision of an abdominal lipoma. Pts stated since yesterday morning he has been experiencing tenderness on the excision site and area is swollen.</p> <p>O. Area referred is edematous and irritated tenderness when palpated. Area looks infected.</p> <p>A. ① Hx. of abdominal ^{lipoma} excision on 3/23/06</p> <p>P. ① Cephalexin 500 mg. ÷ cap P.O. QID x 10 d. #40</p> <p>② Septra ÷ tab P.O. BID x 10 d. #20</p> <p>③ Bact/Polym oint. Apply over affected area BID. #1</p> <p>④ pt. educ. (Warm compresses recommended. Tx. and Rx use were explained. Pt. understood. F/u PRN. RTG PRN.)</p> <p style="text-align: right;"><i>Luis Ramirez, P.A.</i> Luis Ramirez, P.A.</p>
4/17/06	<p>ADMIN NOTE (DUE TO A LATE MOVE THE I/MWIS NOT SEEN will reschedule CCC visit —</p> <p style="text-align: right;"><i>[Signature]</i> B. Becker, M.D. USP Lewisburg</p>

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MEDICAL RECORD

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CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
	PATIENT ENCOUNTER FOLLOWING COMMUNITY MEDICAL TRIP	
3-23-2006	Subjective: "I'm ok".	
1341	Condition giving rise to community referral: 4 cm x 4 cm lipoma- LUQ of the abdomen.	
	Procedures provided in the community: Excision of the lipoma.	
	Complications: None	
	Current symptoms and/or concerns: None	
	Objective:	
	Vital signs: deferred	
	General appearance: Alert and oriented x 3	
	Inspection of surgical site: Dermabond had been applied over the incision- no wound care needed.	
	Assessment: S/P excision of abdominal wall lipoma	
	Plan:	
	Follow-up with staff physician scheduled: no	
	Paperwork for follow-up with consultant submitted: yes	
	Paperwork for follow-up diagnostic studies submitted: no	
	Pain intensity: level-1	
	Convalescence/work restriction: quarters today	
	Wound care: None needed. The patient is instructed to alert Health Services if increased redness, swelling, pain, or pus formation develops- he understands.	
	Medications: Tylenol prn- the patient declines due to history of chronic hepatitis C- will use Naproxen he already has prn.	
	F/u in the April surgical clinic.	
	B. Becker, M.D. USP Lewisburg	
	3/24/06	
HOSPITAL OR MEDICAL FACILITY		
STATUS		
DEPART./SERVICE		
RECORDS MAINTAINED AT		
SPONSOR'S NAME		
SSN/ID NO.		
RELATIONSHIP TO SPONSOR		
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		
Moshier, Donald 10924-052		
REGISTER NO.		
WARD NO.		

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

000007

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM 1 CFR 201-9.202-1

1150 (11/01)

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MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
03/09/06 10930	<p>S. 44% WM in a hx of S/P removal of gallbladder - (cholecystectomy). April 2005. Hx. of Hep A; Hep B. Hx. of appendectomy in 98-99 (doesn't remember). Hx. venous insufficiency; Hx. of GERD. Hx. of B. Asthma. Hx. of LBP & ^{h4} to a MVA in 1989. NKDA. Currently on Albuterol inhaler, Ranitidine and Naproxen. For referred that yesterday, at work, he was lifting something heavy and then was that the pain on right abdominal area (liver side) started. He stated he doesn't feel feel it internally but more superficial, that increases when he breath in.</p> <p>O. ^{1/5} BP 145/89 mmHg; P. 80/min; RL 18/min; T. 97.0°F; wt. 282 lbs.; ht. 6'0".</p> <p>Tenderness when right upper quadrant was palpated just on top of scar he has on that area (Hx. of cholecystectomy).</p> <p>A. O Muscle strain RUQ vs. liver problem. ² ¹⁴ to his Hep C or Hep B history.</p> <p>P. O Dicyclomine 20mg 2cc EM given stat.</p> <p>O Dicyclomine 20mg ¹ ¹⁴ ¹⁵ ¹⁶ ¹⁷ ¹⁸ ¹⁹ ²⁰ ²¹ ²² ²³ ²⁴ ²⁵ ²⁶ ²⁷ ²⁸ ²⁹ ³⁰ ³¹ ³² ³³ ³⁴ ³⁵ ³⁶ ³⁷ ³⁸ ³⁹ ⁴⁰ ⁴¹ ⁴² ⁴³ ⁴⁴ ⁴⁵ ⁴⁶ ⁴⁷ ⁴⁸ ⁴⁹ ⁵⁰ ⁵¹ ⁵² ⁵³ ⁵⁴ ⁵⁵ ⁵⁶ ⁵⁷ ⁵⁸ ⁵⁹ ⁶⁰ ⁶¹ ⁶² ⁶³ ⁶⁴ ⁶⁵ ⁶⁶ ⁶⁷ ⁶⁸ ⁶⁹ ⁷⁰ ⁷¹ ⁷² ⁷³ ⁷⁴ ⁷⁵ ⁷⁶ ⁷⁷ ⁷⁸ ⁷⁹ ⁸⁰ ⁸¹ ⁸² ⁸³ ⁸⁴ ⁸⁵ ⁸⁶ ⁸⁷ ⁸⁸ ⁸⁹ ⁹⁰ ⁹¹ ⁹² ⁹³ ⁹⁴ ⁹⁵ ⁹⁶ ⁹⁷ ⁹⁸ ⁹⁹ ¹⁰⁰ ¹⁰¹ ¹⁰² ¹⁰³ ¹⁰⁴ ¹⁰⁵ ¹⁰⁶ ¹⁰⁷ ¹⁰⁸ ¹⁰⁹ ¹¹⁰ ¹¹¹ ¹¹² ¹¹³ ¹¹⁴ ¹¹⁵ ¹¹⁶ ¹¹⁷ ¹¹⁸ ¹¹⁹ ¹²⁰ ¹²¹ ¹²² ¹²³ ¹²⁴ ¹²⁵ ¹²⁶ ¹²⁷ ¹²⁸ ¹²⁹ ¹³⁰ ¹³¹ ¹³² ¹³³ ¹³⁴ ¹³⁵ ¹³⁶ ¹³⁷ ¹³⁸ ¹³⁹ ¹⁴⁰ ¹⁴¹ ¹⁴² ¹⁴³ ¹⁴⁴ ¹⁴⁵ ¹⁴⁶ ¹⁴⁷ ¹⁴⁸ ¹⁴⁹ ¹⁵⁰ ¹⁵¹ ¹⁵² ¹⁵³ ¹⁵⁴ ¹⁵⁵ ¹⁵⁶ ¹⁵⁷ ¹⁵⁸ ¹⁵⁹ ¹⁶⁰ ¹⁶¹ ¹⁶² ¹⁶³ ¹⁶⁴ ¹⁶⁵ ¹⁶⁶ ¹⁶⁷ ¹⁶⁸ ¹⁶⁹ ¹⁷⁰ ¹⁷¹ ¹⁷² ¹⁷³ ¹⁷⁴ ¹⁷⁵ ¹⁷⁶ ¹⁷⁷ ¹⁷⁸ ¹⁷⁹ ¹⁸⁰ ¹⁸¹ ¹⁸² ¹⁸³ ¹⁸⁴ ¹⁸⁵ ¹⁸⁶ ¹⁸⁷ ¹⁸⁸ ¹⁸⁹ ¹⁹⁰ ¹⁹¹ ¹⁹² ¹⁹³ ¹⁹⁴ ¹⁹⁵ ¹⁹⁶ ¹⁹⁷ ¹⁹⁸ ¹⁹⁹ ²⁰⁰ ²⁰¹ ²⁰² ²⁰³ ²⁰⁴ ²⁰⁵ ²⁰⁶ ²⁰⁷ ²⁰⁸ ²⁰⁹ ²¹⁰ ²¹¹ ²¹² ²¹³ ²¹⁴ ²¹⁵ ²¹⁶ ²¹⁷ ²¹⁸ ²¹⁹ ²²⁰ ²²¹ ²²² ²²³ ²²⁴ ²²⁵ ²²⁶ ²²⁷ ²²⁸ ²²⁹ ²³⁰ ²³¹ ²³² ²³³ ²³⁴ ²³⁵ ²³⁶ ²³⁷ ²³⁸ ²³⁹ ²⁴⁰ ²⁴¹ ²⁴² ²⁴³ ²⁴⁴ ²⁴⁵ ²⁴⁶ ²⁴⁷ ²⁴⁸ ²⁴⁹ ²⁵⁰ ²⁵¹ ²⁵² ²⁵³ ²⁵⁴ ²⁵⁵ ²⁵⁶ ²⁵⁷ ²⁵⁸ ²⁵⁹ ²⁶⁰ ²⁶¹ ²⁶² ²⁶³ ²⁶⁴ ²⁶⁵ ²⁶⁶ ²⁶⁷ ²⁶⁸ 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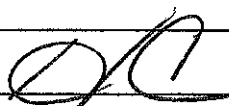
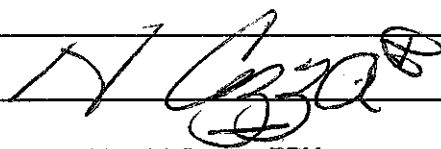
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Luis Ramirez, P.A.

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HSN 7840-00-834-4176

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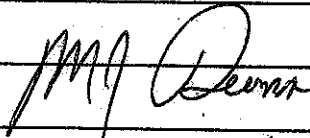
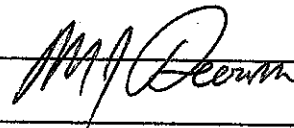
MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
06 JAN 2006	ADMIN NOTE:		
0728	Rx (1) REFILL NAROXEN # 175274		Mark Peoria, PA-C
Situ	(2) REFILL ALBUTEROL # 177207		
			
10 JAN 2006	ADMIN NOTE		Mark Peoria, PA-C
072	REFILL RANITIDINE # 175276		
			
	Harold Cozza, RPH Chief Pharmacist USP Lewisburg		
10 JAN 2006	CHRONIC CARE CLINIC (INFECT DIS + PULMONARY)		
1132	SI. 44 YOWD % STOPPED UP NOSE & HA AT NIGHT. (L) LHM FEELS LIKE		
Situ 016	THERE IS A PIMPLE IN THERE. USES NAROXEN FOR NECK & BACK		
	USES RANITIDINE FOR HEART BURN & REFLUX - ALSO ON		
	DOXYCYCLINE & ALBUTEROL. SEE FLOW SHEET.		
	O: ALERT & AMBULATORY. W/O. W/N. W/H. IN NAD. NO PCS,		
	PLEMONS, COUGH, OR OBVIOUS ABNORMALITIES		
	V.SI T-97.40 F po P-73, BP 145/75 LA 9, WT. 270.25 LBS.		
(LUNDAWALD)	ETMS: (L) LHM - MUCH DEMOS JM NOT VISUALIZED. A.O. - CLUM LHM E		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
USP LEWISBURG			
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	000010
HEALTH SERVICES UNIT			
LEWISBURG, PA 17837			
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
MOSHIER, DONALD		10924-052	
AUG 1961			

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

USP LVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12 JAN 2006	O: NORMAL LABORATORIES, TYN INTER
(CONTINUED)	LUNGS: CCA
SHU 016	CON: ABEULAM MTE. NORMAL S, FOLLOWED BY NORMAL S, NO S ₂ , S ₄ ON (M)
	ABD: ORISE. NORMAL SOUNDS SOFT, NON-TENDER, NO PALPABLE MASSES ON ORGANOGRAMMATIC POOL EXAM 20 TO RESTRAINTS
	LABS: NO NEW VALUES
	A: CHRONIC HCV
	BRONCHIAL ASTHMA, STEP 2
	EXTERNAL OTDS A.S.
	LIPOMA
	P: PENDING EXCISION OF LIPOMA, WILL ORDER HCV VIRAL LOAD. P/L IN 16 WKS, ^{OFFENDING} CONSIDER WILDED STENOID AT NEXT VISIT.
1/6	R: ① ABUTONAL MOI #17 GMS. IT PUFFS qid PNN REPIH X3
1/6	② RANITIDINE 150MG #30 IT PO BID REPIH X07
1/6	③ MARBOXEN 500MG #30 IT PO BID REPIH X07
1/6	④ CONNEXOMIN ORC GTS #7 INSIDE TV GTS A.S. tid
	NO REPIH
	 Mark Peoria, PA-C
02 FEB 2006	ADMIN NOTE:
0834	RESULTS OF HCV RNA LOAD COLLECTED 12 JAN 2006: 722, 926 IU/mL
SHU 016	WILL NOTIFY PATIENT IN WRITING
	 Mark Peoria, PA-C
	000011

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
12/12/05 1430	admin note: I/M received 33 pgs of record - all records from Bradford medical Center.		
	<p style="text-align: center;">Stacey Drees</p> <p style="text-align: center;">Stacey Drees</p> <p style="text-align: center;">Jeffrey Minor, RPH Contract Pharmacist</p>		
19 DEC 2005	ADMIN NOTE:		
0722	Rx ① REFILL AMITIDINE #175276		
SHU	② REFILL NAROXEN #175274		
12/23/05 1225	Patient Seen by Optometrist. KAREN J. MASSEY ADMINISTRATIVE ASST		
27 DEC 2005	ADMIN NOTE:		
0043	REQUESTS REFILL OF AMITIDINE + NAROXEN BOTH REFILLS 19 DEC 2005		
SHU	Rx REFILL NAROXEN #175274		
	<p style="text-align: center;">Harold Cozza, RPH Chief Pharmacist USP Lewisburg</p> <p style="text-align: center;">Mark Peoria, PA-C</p>		
03 JAN 2006	ADMIN NOTE:		
0742	SHU S/C COP-OUT, NO DATE. I PUT IN TWO REFILLS 12/26/05 AND I		
SHU 014	ONLY GOT ONE BACK, MY AMITIDINE WHICH HAD 9 REFILLS LEFT I		
(CONTINUED)	DIDN'T GET BACK, AND I REALLY NEED IT, CAN YOU PLEASE SEND IT		
	TO ME, I HAVE WRITTE A COP-OUT TO DR. BUSSANICH, TELLING HIM		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
			000012
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
		10924-052	

USP LEWISBURG
Health Services Unit
Lewisburg, PA 17837

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
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USP LVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
03 JAN 2006 (CONTINUED)	THAT I NEED IT AND THAT IT NEVER CAME BACK FROM THE PHARMACY. NKA. SEE NOTE 27 DEC 2005.
SH 014 Joseph Zagona, RPH, AHSA USP Levensburg	RE: RIVISTINE #157 175 276 Mark Peoria, PA-C
05 JAN 2006 0949	SI. 44 YOUNG C/O PUCK ON LER X 2 WKS BUT ONLY NOTICED 2 DAYS AGO. NOT AS BIG TODAY. DRIES INJURY ON ANTERIOR DISTAL
SH 014	(R) PAIN ALSO HAS LUMP ON (L) ANTERIOR PAINX JUST INFECTION TO 10 TH AIB IN MCL. BAIL BREAKS OUT IN BULLS. NEIL IS KILLING HIM. STAFF NEUL. WANTS PILL. ON NAPROXEN, RIVISTINE, & DICYCLINE. NKA AGENCY TO PILL. PAIN: HCV. LIPOMAS. WANTS TO SEE DR. O. ALERT & AMBULATORY w/o. w/h. w/h. IN NAD. NO PLS, TREMORS, COUGH, OR OBVIOUS ABNORMALITIES LUMPS ON (L) ANTERIOR CHEST & (R) ANTERIOR PAINX NOT APPRECIATED TODAY. SKIN: CYSTIC ACNE VULGARIS X-RAYS: DEGENERATIVE DISC DZ C5-6 A: DEGENERATIVE DISC DZ C5-6 CYSTIC ACNE VULGARIS LIPOMAS P: INPASE TO REQUEST TO MD. DANOFF SHAMPOO FROM COMMISSARY I DO NOT AUTHORIZE OR ISSUE PILLOWS IN SH. PLS ON CHRONIC CARE CLINIC Rx DICYCLINE 100 MG #60 IT TO G.M. NO REILL.
	Mark Peoria, PA-C 000013

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
11-18-2003 1349	ADMIN NOTE: SEEN BY DR. MOTTO IN SURGICAL CLINIC. DX- 1. 4X4 CM LIPOMA IN LUQ 2. IRRITATED BLEEDING HEMORRHOIDS RX- SCHEDULE FOR EXCISION IN SURGICENTER UNDER LOCAL ANESTHESIA HEMORRHOIDAL SUPPOSITORIES WITH HC ONE PR TID # 1 BOX 1 RF
	<i>B. Becker</i> B. BECKER MD 11-23-05 S: Refill of Medication/s for <u>artuglio</u> O: Stable, Vital signs: BP: <u>PR</u> A: <u>Chlorzepate</u> P: Refill of the following medications (See below) Pt. Educ to follow previous instructions.
11/28/05 0650	<u>11/28/05</u> 1. Naproxen 500 mg $\dot{\bar{r}}$ BID # 20 2. Doxycycline 100 $\dot{\bar{r}}$ QD # 60 3. Tramadol 150mg $\dot{\bar{r}}$ BID # 60 <i>Ivan Navarro, PA</i> USP Lewisburg
	<i>Harold Corza, RPH</i> 11/28/05

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
MOSHIER, DONALD 10024 052		REGISTER NO.	WARD NO.
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			

USP Lewisburg
CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000014

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)	
30 NOV 2005	ADMIN NOTE:	
0738	SHU S/L COP-OUT DATED 29 NOV 2005 REQUESTS REFILL ABUERAL	
SHU 010	<p>INHALER ALBUTEROL ANTACID NAPROXEN ACHILIVER WAS IN MY PROPERTY MY EYES ARE BECOMING BLURRY AND GETTING WORSE A COUPLE OF MONTHS. PMH: ASTHMA HEPATITIS ULCER ALLERGY: "ONLY ALICE" "PLUS I NEED SOME BAND-AIDS. COP-OUT TO MS PASSER FOR OPTOM APPT."</p> <p>Rx ① REFILL ALBUTEROL #173165 WILL ISSUE LG BAND-AIDS ② REFILL NAPROXEN #173166 ③ REFILL RANITIDINE #173164</p> <p>Harold Cozsa, RPH Chief Pharmacist USP Lewisburg</p> <p>Mark Peoria, PA-C</p>	
05 DEC 2005	ADMIN NOTE:	
0809	SHU S/L COP-OUT DATED 07 DEC 2005. "MY EYES EVERYTHING IS	
SHU 010	<p>BLURRY ALL THE TIME ABOUT 2 MONTHS + JUST STARTED GETTING WORSE. MEDS: RANITIDINE, DOXYCYCLINE, NAPROXEN, ALBUTEROL. PMH: "ASTHMA, HEPATITIS, ULCER, AND POSSIBLE DIABETES, HIGH BLOOD PRESSURE" NKOB. WILL INSTRUCT PATIENT TO REQUEST OPTOMETRIST EXAM. LAST EXAM JUN 2004.</p> <p>Mark Peoria, PA-C</p>	
08 DEC 2005	ADMIN NOTE:	
0759	<p>Rx ① REFILL NAPROXEN #175274</p> <p>Jeffrey Minor, RPH Contract Pharmacist</p> <p>Mark Peoria, PA-C</p>	
SHU	<p>② REFILL RANITIDINE</p>	

000015

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CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE _____

[illegible]

11 Nov 2005

ADAM MUE:

1330

R ① AKILL ACHURPOL 173165

Situ

(2) NAPROXEN REFILL 173166

(3) ЛЕРИЛ ПАИПОНЕ 173164

Mark Peoria, PA-C

Harold Cozza, RPH
Chief Pharmacist
USP Lewisburg

10924-052

US* LEWISBURG
Health Services Unit
Lewisburg, PA 17837

MOSELER, DONALD

Aug 1961

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

000016

STANDARD FORM 600 (REV. 6-97)
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FIRM (41 CFR) 201-9.202-1

USP LVN

000017

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

AUTHORIZED FOR LOCAL USE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	CHRONIC CARE/SPECIALTY CLINIC(S): INTER. Dixon PULMONARY
10.24.05	SUBJECTIVE:
093	Present Medical Concerns: Was started on peg interferon 2a received approx 22 injections. Then developed gangrenous cholecystitis requiring emergent surgery at Bradford Hosp, Bradford PA
	Medication Side Effects: 0 No asthma diagnosed recently
	Medication Efficacy: yes
	Medication Compliance: yes
	Diet: low fat
	Exercise: yes
	Tobacco Usage: yes 1 pack / 2 days
	Recent Consultations/Studies: HCV genotype 3E ASE 59 ALT 64
	OBJECTIVE:
	General Appearance: good / not in acute distress
	Vital Signs: WT = 275 BP: 115/90 → 150/80 HR: 80 Peak flow 550

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPT./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	000018

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO. 10924-052	WARD NO.
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USP Lewisburg
Health Services Unit
Lewisburg, PA 17837
USP

LEWISBURG

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
02.25.05	Skin: evidence of pro acne vulgaris
0530	HEENT: anisocoria, pink conjunctiva
	Chest/Lungs: no wheezing
	Heart: S1S2 RRR 85/30/59
	Abdomen: SCAR RUQ
	GU: deferred
	Extremities: no edema
	CNS: ANOX3
	Assessment: ① Hepatitis C ② LUQ mass ③ hemorrhoids
	Plan: ③ hemorrhoids
	Patient Education: weight loss
	Diagnostic Studies: HCV RNA viral load 1 CxR PA/lat
	Consults: ① GI / ② HUS/seu
	Return to Clinic: (3) month follow up 4 weeks to ✓ BP
	Medications: ① RANITIDINE 150mg TI B/B/D (increase) #120 X 2 R
	② ALBUTEROL MDI TI puff R/Q/D #1 X 2 R
	③ NASCOTEN 275mg TI B/B/D #100 X 2 R
	④ Doxycycline 100mg TI B/daily # 14 days

Anthony R. Russo

Anthony R. Russo

000019

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)


9-19-05	adm note: received 1 copy of blood work dated
9:30	9-1-05 and 1 copy of X-ray dated 9-1-05 from medical record. Kim Ely, HIT <small>Kimberly Ely, HIT</small>

WARD NO.

6.971
000020
USP-VN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10/7/08 0235	<p>S: Refill of Medication/s for LMP (2) Chronic Atrial Atrial (3) Atrial Fibrillation</p> <p>O: Stable, Vital signs: BP: _____ PR: _____</p> <p>A: See (S)</p> <p>P: Refill of the following medications (See below) Pt. Educ to follow previous instructions.</p> <p>(1) Ramelteo 150 T BID #60</p> <p>(2) Naproxen 500 T BID #28</p> <p>(3) Dicyclanil 100 T BID #60</p> <p>(4) Albuterol Inhaler Ti prn QID #1</p>

Harold Corzo, RPH
 Pharmacist
 USP Lewisburg


 Ivan Navarro, PA
 USP Lewisburg

000021

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL RE

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
8/25/03 1010 SL.	<p>O: OD 4446 E In c/o Paris for numbness on (C) arm and fingers when arms w/ neck + head to the left side. Pt is he of car accident many years ago - pt is he of Hep C and family h/o diabetes. Pt is he also of chronic optic atro. and probably surgery on April 2005. Pt indicates is slow body + other expts</p> <p>① Ambulatory marked x3 & blue being</p> <p>SLH. multiple scars on back arm and chest of upper directly back. few of the are red and inflamed at the time</p> <p>Expts: numbness of (L) thumb index and middle finger + (L) lateral numbness of neck.</p> <p>US: BP 120/80 HR 63 Temp 97.8' wt 265</p> <p>most of time of symptoms quote (2)</p> <p>AC Neuropathy</p> <p>① Post trauma etia.</p> <p>② H/o of diabetes.</p> <p>③ SMO 2P, AIC, C-spine x-rays.</p> <p>④ Ranitidine 150 T BID #60</p> <p>⑤ Doxycycline 100 T BID #60</p> <p>⑥ Naproxen 500 T BID #60</p>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT Naval Air Station, PA USP Lewisburg
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 10924-052	WARD NO.

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)

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FIRM (41 CFR) 201-9.202-1

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NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTIVE

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
6-17-05	Admin note: 0937 IM requests medication for chronic back + head pain. Rx: ① Acetaminophen 324mg po q 4-6 hrs prn #24.	B. Prince EMT Beverly Prince, EMT Paramedic USP Lewisburg
6/24/05	S: Refill of Medication/s for ① 6500 ② LMP ③ Cytotec ④ Aspirin. O: Stable, Vital signs: BP: _____ PR: _____ A: 54(5:) P: Refill of the following medications (See below) Pt. Educ to follow previous instructions. ① Ramipril 100 i BID #60 ② Dicyclan 100 i BID #60 ③ Albuterol inhaler ii prn #10 # ④ Naproxen 275 i BID #60	William Bogler, PA-C Physician Assistant Ivan Navarro, PA USP Lewisburg

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 10924-052	WARD NO.

Mashier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/CMR
FIRMR (41 CFR) 201-9.202-1

000024

USP
1/11

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
0800 7/28/5	<p>3: Pt c/o ulceration on toe & cystic acne on back, Dyspepsia</p> <p>0: Alert, oriented, NAD. Pitted, scarred back with numerous pustules, ulceration, open wound on left hallux.</p> <p>A: Cystic Acne, ulceration on toe, Dyspepsia.</p> <p>P: Pt ED not required.</p> <p>ATC PRN.</p> <p>Bacitracin Ointment bid #1</p> <p>Ranitidine 150 mg bid # 60, 2 RF</p> <p>Doxycycline 100 mg bid, # 60, 2 RF</p> <p><i>[Signature]</i> Harold Cozza, RPH Chief Pharmacist USP Lewisburg</p> <p><i>[Signature]</i> Paul Clemens, Sr., PA-C Commander, US PHS</p>

000025

FEDERAL BUREAU OF PRISON

Clearance Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Prisoner/Alien Reg # <u>10424-052</u>		D.B. # <u>818161</u>
PPD Completed: <u>7-1-05</u> Date	Departed From <u>MCKean</u>		Date Departed <u>6-16-05</u>
Results: <u>OKO</u> mm	Destination <u>Lew</u>		Reason for Transfer <u>Non Medical</u>
CXR Completed: _____ Date	Dist. Name _____		Date in Custody <u>— / — / —</u>
Health Authority <u>OK</u>	_____		

Current 1. Chronic HCV 4. 5/p Cholelithiasis
Medical 2. Cinchon 5. Asthma
Problems 3. GERD 6. _____

[illegible]

Additional Comments - Blood and Body Fluid Precautions
Continue reds until red staff evaluation

Special Needs Affecting Transportation		Yes	No	If no, why not?
Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Is prisoner medically able to stay overnight at another facility en route to destination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		000026
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		If yes, state reason
Does prisoner require any medical equipment while in transport status?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		If yes, what equipment?
Sign and Print Name	Certifying Health Authority		Phone Number	Date Signed
[Signature] <i>MD</i>				6/14/05

1st Record (Top page Position one); Copy - Transferring Institution

Sign and Print Name D. Olson, MD
 Medical Director
 Transporting Officer: Copy - Health Record (Top page Position one); Copy - Transferring Institution
 Replaces BP-S659 of M

Replaces BP-S659 of Mar

USP Lewisburg

Inmate Received, this date 6/16/05.

Medical History Reviewed

Evidence of lice

Suicidal Thoughts

Recent Assault, Trauma or Abuse

Signs and Symptoms of Infect Dse

Allergies to Medications

Medications

☒ Yes ☐ No

Yes ☐ No

Yes ☐ No

Yes ☐ No

Yes ☐ No

Yes ☐ No

Yes ☐ No

Lactulose, albuterol +
Zantac issued.

B Prince
Beverly Prince, EMT-P

000027

10-00-834-4178		AUTHORIZED FOR	
MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)	
2/7/05	Cheri Dark Post op TB 4/13/05		
3/30/05	feels fine Wgt 249 Bp 110/70 P80 ditch heart on not well balanced lab - awaiting - off P02 & P10 I want to see a small heart (he feels a lump in his chest which I think is ribs) satisfactory post op chole o/p dermally TX Hep C - Surprised legs		
4/4/05	P) Med Meds copli's Tylenol 500mg q 4 prn bid #28 RFL6 let alone 15ml bid #1 with RFL8 betamethasone 0.5mg bid #30 RFL3 bacitracin 1000 bid #1 RFL3 await lab CB ~ 1mo		
Reviewed By: V. Geza, PharmD		H. Beam, MD FCI McKean	
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 10924-052	
		WARD NO.	
		RECORDS MAINTAINED AT 000028	

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 8-97)
GSA/ICMR

SYMPTOMS, DIAGNOSIS, TREATMENT


TREATMENT TREATING ORGANIZATION (Sign each entry)

JUDICIAL RECORD		CHRONOLOGICAL RECORD		MEDICAL CARE	
DATE	SYMPTOMS, Dx	SIS. TREATMENT	TREATING DR.	ACTION (Sign each entry)	
	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other: <i>Postcholecystectomy</i> <i>Hep C At Thru</i>				
	SUBJECTIVE: (Chief Complaint) <i>(4/19/05)</i> <i>HERD</i>				
<i>15/05</i>	<i>feels better, scant abd pain</i>				
<i>1320</i>	<i>post interferon/Riba Tx - renewed 25 wks</i>				
	Med. Compliance: <i>Though 11 wks at full</i>				
	OBJECTIVE: (Review System) Age: <i>43</i> <i>slowly healing</i>				
	B/P: <i>110/80</i> P: <i>70</i> Wt: T: R/R: SO2%: Peak Flow:				
	HEENT: <i>OK</i> Last Op / Opth. Eval: <i>-</i>				
	Heart: <i>OK</i>				
	Lungs: <i>OK</i>				
	Abdomen: <i>Abd Soft, BSEA</i> <i>530</i>				
	Genital / Rectal: <i>healing RUQ scar</i> <i>550</i>				
	Extremities: <i>staples removed</i> <i>600</i>				
	Neuro:				
	Recent Lab Results: <i>Disurnal Father - very ill</i>				
	ASSESSMENT(S): <i>chronically poorly dxg</i>				
	DSM IV Classification				
	Axis I:		Axis IV:		
	Axis II:		Axis V: GAF Score:		
	Axis III: <i>Satisfactory post cholecystectomy</i> <i>Other</i>				
	Preventive Care: <i>off Peg T / Riba</i>		Exercise: <i>Stable</i>		
	Tobacco Use:		Medication Side Effects:		
HOSPITAL OR MEDICAL FACILITY		STATUS		DEPART. / SERVICE	
SPONSOR'S NAME		SSN / ID NO.		RELATIONSHIP TO SPONSOR	
				000030	
PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; No. or SSN; Sex; Date of Birth; Rank / Grade)				REGISTER NO.	
<i>Donald Morrison</i>				<i>10924-05</i>	
				WARD NO.	
CHRONOLOGICAL RECORD OF MEDICAL					
Medical Record					
STANDARD FORM 600 (REV. 5-97)					

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION		Sign each entry)									
Pain Level:	1	2	3	4	5	6	7	8	9	10	
PLAN:											
Patient Education: <i>Hartgen</i> <input checked="" type="checkbox"/> Discussed Test Results <input checked="" type="checkbox"/> Discussed Tx Plan <input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input checked="" type="checkbox"/> Diet, Diabetic / Cardiac / Disease, Lifestyle Changes <input type="checkbox"/> No Smoking <input checked="" type="checkbox"/> Medication Dosage / Administration / Compliance / Side Effects <input checked="" type="checkbox"/> Patient Understood Topics <input type="checkbox"/> Verbalized Understanding <input checked="" type="checkbox"/> Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.											
Diagnostic Studies: <input checked="" type="checkbox"/> CBC / Dif <input type="checkbox"/> U / A <input checked="" type="checkbox"/> LFT <input type="checkbox"/> Chem. Profile <input type="checkbox"/> Lipids <input type="checkbox"/> HgAlc <input type="checkbox"/> PSA <input checked="" type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo Igg. <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:											
Consultations: <input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others:											
Referral for Vaccination: <input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Other:											
Return to Clinic for routine Follow-Up on: <i>3 WKS</i> <i>4 CD Hohen</i>											
Treatments(s): <i>Harallmeds</i>											
<i>WBS</i>											

N 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
	Adm - Shuronly		
1/29/05	S) C/O incisional pain S. Sae Throat		
1200	(CT Tube)		
	2 Lobs in mtd - mod pain		
	w/iters - healing w/ly		
	AT PAIN #10 SP Cholecytectomy		
	Discharge - incisional pr		
	P) RFD - med refills		
	CB for staples out next wk		
	Refill Tylenol #3 $\frac{1}{4}$ po tid #5 days		
	DEA# BF1879800-002		
	 H. BEAM, MD FCI MCKEAN		

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 10924-052
			WARD NO.

Donald Morrison

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
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FIRM (41 CFR) 201-9.202-1

000032

[illegible]

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
4/27/05	Check in back from hospital -		
4/30	4370		
	S) SP Cholecystectomy on 4/19/05 for what proved to be a gangrenous gallbladder. Handme well - is eating; C/O slight diarrhea 3-4 times a day from W. S. S. for duration of stay.		
	D) looks a little pale - T 96.5		
	chest clear heart sound Bp 130/80		
	abd RUQ incision healing P 70		
	well and not tender -		
	(much less than on 4/18 at hospital)		
	last WBC 1500 approx (on 4/18/05) which is stopped now		
	C/D 7/8 pending; on 4/18/05		
	D) 1) POD #8 SP Cholecystectomy 4/19/05 for gangrenous gallbladder		
	2) Diam 20 ARA		
	3) Heparin - Tx suspended 229 1032		
	4) ASTing		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI M...
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 10924-052
			WARD NO.

H. BEAN, MD
FCI MCKEAN

Donald Mashier

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000034

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/29/05	Pres. call for assistance for pain, fever
1430	<ul style="list-style-type: none"> • Lactobacillus → cap tid #6 RPO from Hosp. - Tylenol 500mg qid po Bid #28 RR2 • Tylenol #3 qid po Bid prn pain #3 day
5/4	DEA # BF1879800-002
	Alluteral qid puff Qid #1 RR3
	Doxycycline 100mg po tid ^{enoy} ABeam Hold 4/27/05
	Bacitracin unbid #1 RR2
	Betamethasone oint bid #1 RR2 Only
	Hydrocortisone 1% cream bid #1 RR2 fac
	Ranitidine 150mg po bid #14 RR12
	after 2 wks - persistent
	→ Lactobacillus
	→ Lactulose 1500 bid #1 RR2
	CB 1wk - ^{not of} Staple out ~ 1wk
	Reviewed By: V. Geza, PharmD
	H. BEAM, MD FCI MCKEAN

000035

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	Symptoms, Diagnosis, Treatment Treating Organization (Sign each entry)
4/22/05 0800	Admin Note I visited inmate in hosp, doing OK, OOB in chair VSS, C/D abd "bloating", abd. distended some, on liquid diet, inmate is in Room 446 (Regen room)
4/23/05 1200	Admin note. I/M stable, staff stated that he will be re eval on 4/25 for pass. Dr J. Fleming, EMT-P FCI McKean
4/24/05 1030	Admin note I/M stable, drainage tube removed from I/M, re eval on 4/25 J. Fleming, EMT-P FCI McKean
4/25/05 1445	Admin: eating; on IV ABX - looking stable J. Fleming, EMT-P FCI McKean

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT J. Fleming, EMT-P FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 10924-052	WARD NO.

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/CMR
FIRM (41 CFR) 201-9.202-1

000036

D. Olson, MD
Clinical Director

000037

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE E. 446 -

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/18/05 1645	Adm - I called - ym at 1700 - Dr Graham will be by immediately H. BEAM, MD FCI MCKEAN
4/19/05 1120	Adm He will be taken to surgery later this afternoon H. BEAM, MD FCI MCKEAN
4/19/05 1600	Adm - Dr Graham called gangrenous gallbladder open procedure successful High mortality rate in a (50% ^{Dr Graham} ^{case}) Cirrhotic with hepatitis - He will be in Hospital 7 to 10 days on a conservative estimate. I notified An Robare H. BEAM, MD FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 10924-052
			WARD NO.

Donald Mosher

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000038

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/20/05 0920	Adm - I spoke to Graham - 1/m is doing well so far - H. BEAM, MD FCI MCKEAN
4/20/05 1300	Adm - Discontinue Peg Interferon α2a Discontinue Ribavirin Reviewed By: V. Geza, PharmD H. BEAM, MD FCI MCKEAN
4/21/05 0700	Adm Ute I visited the inmate in the hospital, he is alert & calm, moderate post-op pain, & vomiting good urine output, VSS, found UTI also, on strong IV antibiotics, fluids, doing OK so far D. Olson, MD Clinical Director

000039

ISN 7540-00-534-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
4/15/05 1245H	<p>Adm. & disamed in Anderson Thickened HB wall no stones - best explanation of pain is acalculous cholecystitis - upper endoscopy, (-) for lesions no varices 1/1m in hypnosis & w/4 return to FCI tomorrow</p> <p style="text-align: right;">H. BEAM, MD FCI MCKEAN</p>		
04/16/05 09 ²⁰ hrs.	<p>Admin Note: Contacted KCH in regards of inmate's condition, spoke w/ Dr. Anderson he stated the inmate was doing fine; he didn't see or note error Anything on Ct or ultra sound; did have IV antibiotics; (-) changes on CBC's or EKG's; Inmate would be returning to FCI today and still waiting for Radiologist report to be finalized.</p> <p style="text-align: right;">B. Douthit EMT-P B. Douthit, EMT-P FCI McKean</p> <p>Reviewed by D. Olson, MD Date: 4/18/05</p>		
04/16/05 1300	<p>Inmate @ FCI w/o any complaints.</p> <p style="text-align: right;">B. Douthit, EMT-P FCI McKean</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		REVIEWED BY D. OLSON, MD SSN/ID NO. Date: 4/18/05	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 10929-052	WARD NO.

Donald Moshier

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
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000040

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/18/05 090	<p>Acute Cholecystitis</p> <p>Adm - See Kane Hosp sheet</p> <p>Augment 500mg i/potid #30</p> <p>Reviewed By: V. Geza, PharmD</p> <p>REF</p> <p>W/B</p>
4/18/05 1000g	<p>Flu Hospitalizy</p> <p>his feeling much worse since return to facility, and Sx accelerated yesterday. His dx was Acute Cholecystitis</p> <p>He is now chills, fever, and RUQ pain</p> <p>abd tend RUQ & RLQ</p> <p>heel drop test neg (+)</p> <p>Discharge to Dr Graham</p> <p>Acute Cholecystitis w/ peritoneal signs -</p> <p>Here; on intravenous Rocephin. Immunosuppressed.</p> <p>P) Pres - "we'll take care of you"</p> <p>Transfer to Bradford Hosp</p> <p>under care of Dr Graham</p> <p>W/B</p> <p>FL BEAM, MD FCJ MCKEAN</p>

NSN 7540-00-834-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
4/14/08 0950	<p>of Acenatropenolol PT ASD w/ T3 48hr of sensation of swelling in feet in pain - vomited x1 no fever but feel chills</p> <p>on Peg I, R'Ga.</p> <p>4/5/08 WBC 1800 ANC 882 Hct 38.5</p> <p>of both mildly uncomfortable quite tender in epigastrium area of palpation - ASD no more swelling or bruising chest clear heart ok Neuroscreen - all 3/5 symmetrical</p> <p>of Epigastrium Tenderness; on Peg I, R'Ga for HPC and drug-induced symptoms</p> <p>of ASD - w/u to follow to Kane ER for blood work - & w/u I called to alert</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART / SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
Patterson		Phone call into Dr. Anderson	RECORDS MAINTAINED AT FCI McKean
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 10924-052	WARD NO.

Donald Morrison

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
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000042

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/14/05 1630G	Adm - I called CR@Kang Ym in ultrasound H. BEAM, MD FCI MCKEAN
4/15/05 0700	Adm Htl I'm still doing OK, had ultrasound yesterday → ? GB disease, scheduled for endoscopy today
4/15/05 1200	Adm Htl Dr Anderson called → endoscopy was neg, CAT / ultrasound suggest GB disease & stones, being treated for this D. Olson, MD Clinical Director

000043

NSN 7540-00-634-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
4/7/05 0840 (5/1/05)	adms note: Interferon 180mg self administered by inmate 5 difficulty. Tolerated well.	24/10 4/14/05 Eric Asp PA-C
4/13/05 2200	<p>③ called by staff "Inmate stated his chest hurt and couldn't breath."</p> <p>① m Pt CAOX3; ② Acute distress; Pain is mid-sternum non-radiating; Pain 8/10; states it is a pressure w/ swelling; ③ visual swelling noted; ④ redness from inmate rubbing area ^{error} right below sternum.</p> <p>Inmate ⑤ SOB; talking in full sentences; Spo2 on R.A. 99%, Pulse 84 Resp. 18; States hard to lay flat to sleep; moving around cell w/o any trouble;</p> <p>⑥ Anxiety Poss. or muscle pain</p> <p>⑦ Assessment; Rest tonight, try to relax; Advised him this would be referred to Day P.A on 4/14/05. Inmate Agreed / understood.</p>	<p>B. Douthit EMT-P</p> <p>B. Douthit, EMT-P FCI McKean</p> <p>Reviewed by D. Olson, MD Date: 4/14/05</p>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI McKean
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

Moshier, Donald
10924-052

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/CMR
FIRM (41 CFR) 201-9.202-1

000044

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/14/05 0715 (S/HW)	<p>S: Emergency triage. Pt states that for the last two weeks off and on. Now for the past week it has been constant and the sharpness has increased. Now he states he can't sleep and is vomiting. Pain to "right between my ribs and shoots to my back" Pain level 10/10.</p> <p>R: BP: 142/80 (R) 130/70 (L) Temp: 96.8 Pulse 100</p> <p>HEENT: PERRLA, EOMV, and</p> <p>Heart: dRR</p> <p>Lung: CTA bilateral 5 inchages, rales, rhonchi</p> <p>Abd: soft, tender to percussion and palpation, ⊕ diffuse serella, ⊕ fullness at L4Q, ⊕ fluids</p> <p>A: R/O pancreatitis</p> <p>P: D Education - continue case - Pt understands</p> <p>② Consult MD</p> <p style="text-align: right;">Eric Asp PA-C</p> <p style="text-align: right;">Lindsey Mc</p>
4/14/05 1025	<p>Addendum:</p> <p>Interferon 180 mg self injected by nurse 5 difficulties tolerated well.</p> <p style="text-align: right;">Lindsey Mc Eric Asp PA-C</p> <p style="text-align: right;">* 25/11 [Signature] 4/14/05</p>

000045

NSN 7540-00-534-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

3/24/05. Admin - Hepc tx
 (documentation of biopsy) 3/3 = #19/5
 1430 will verify reawed 3/10 = #20/6
 3/17 = #21/7

labs ALT 123

WBC 6500

Hct 37.7

platelet 82×10^3 o/o neut 46.5

ANC 690

H Hepc tx - counts are barely
 acceptable in regard to WBC
 ANC is ok - proceed with tx

P) monitor
 CBIWIC

H. BEAM, MD
 FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

FCI McKean

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
 Date of Birth; Rank/Grade.)

REGISTER NO.

10924-052

WARD NO.

Donald Markes

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

000046

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION. (Sign each entry)	
3/31/05 0800	admin note! Interferon 180 mcg self injected by inmate 5 difficulty. Tolerated well.	#23/9 HBR 3/31/05 Eric Asp PA-C H. BEAM, MD FCI MCKEAN
(SHU)		
	CB - Interferon TB feeling ok	
3/31/05 1430	9/ Clotchy lower leg. Wrote to 8 Beecham 7/ look to have pilonid abscess in left pilon (The usual interferon itch) also c/o pain in (Lug lipoma) as before	
	ALT 91 WBC 1,900 AWE 1045 HCT 37 PCT 80	
	A) satisfactory on 9th full dose Reg I	
	P) P ^{del} reverse 9/ CB 3W108	
	Betamethasone out me bid #1 RF 2	
	RE: D. Olson, MD Date: 4/1/05	H. BEAM, MD FCI MCKEAN

000047

NSN 7540-00-834-4176

AUTHORIZED FOR AL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT		TREATING ORGANIZATION (Sign each entry)
3/3/05 0630h	Admin Note Interferon 180mcg AZA	#19/5	3/3/05 Jayed Ad. self Robert E. Piotrowski, PA-C FCI McKean H. BEAM, MD FCI McKean
3/10/05 0615h	Admin Note Interferon AZA 80mcg	#20/6	3/31/05 Jayed self Robert E. Piotrowski, PA-C FCI McKean H. BEAM, MD FCI McKean
Tolerated well & Discontinued			

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 10924-052
Mastier, DONALD			WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/CMR
FIRM (41 CFR) 201-9.202-1

000048

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT		TREATING ORGANIZATION	(Sign each entry)
3/17/05 0640h	<p>Administrative Note:</p> <p>Interferon 180mcg A2A Injected del. Self.</p>		<p>Medical Record</p> <p>CHICAGO POLICE DEPARTMENT</p>	<p>REGISTERED NO.</p> <p>3/31/05</p> <p>Robert E. Piotrowski, PA-C</p> <p>FCI McKean</p> <p>H. BEAM, MD</p> <p>FCI McKean</p>
3/24/05 0630h	<p>Administrative Note</p> <p>Interferon 180mcg A2A Injected del. Self.</p>		<p>CHICAGO POLICE DEPARTMENT</p>	<p>REGISTERED NO.</p> <p>3/31/05</p> <p>Robert E. Piotrowski, PA-C</p> <p>FCI McKean</p> <p>H. BEAM, MD</p> <p>FCI McKean</p>

IN 7540-00-834-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
2/10/05	S: weekly interferon injection #16 180 2/15/05
0715	O: NAD exam deferred A: HCV (+) (#2 @ full dose) P: self administered 1 ml of interferon to abd SQ 5 difficultly. (2) flu in 1 week
	Eric Asp PA-C
2/10/05 1600	Adm. due to lockdown w/ not see sl. w/ U reschedule ~ 1 w/c also CBC & LFT'S w/1 be drawn and monitored
2/17/05 10915h	Admin. Note: Chroni Hep. C Medr. Admin. Injections Peginterferon ALPHA-2A 180mcg - Abdomen via self administered tolerated well & prudent
	H. BEAM, MD FCI MCKEAN #17 3/26 (3)
	Robert E. Piotrowski, PA-C FCI McKean
HOSPITAL OR MEDICAL FACILITY	STATUS
SPONSOR'S NAME	SSN/ID NO. #17
	DEPART./SERVICE
	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO. 10924-052
	WARD NO.

Moshier, Donald
10924-052

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000050

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

2/23/05
1200

Adm: Institution lockdown
 Lab: ACT 150
 WBC 1,900
 ANC 874
 Hct 42.1
 pRct 94

Stable on
 present dosing

FCI MCKEAN
 HOPKINS E. HOPKINS E. HOPKINS E. HOPKINS E.

will follow counts
 & monitor progress

1/1

H. BEAM, MD
 FCI MCKEAN

02/24/05
16³⁰

③ Interferon Injection

② Hep C - Deferred

① Hep C

④ Self Admin - Interferon 1ml to Abx. w/o ANY problems.

B. Douthit, EMT-P

B. Douthit, EMT-P
 FCI McKean

BY: C
 Date: 2/25/05

Reviewed by D. Olson, MD

Date: 2/25/05

3/2/05

3/2/05

1430

sl follow of shay 30 new ben pain client
 & Cam c/o name - wants tylenol
 ① labwork - panel ACT 172 WBC 1,600
 ANC 960 Hct 37.8 pRct 79x10³

① Tolerating increased dose po T / R by
 (back to a standard) (follow counts)
 follow - prep

Tylenol 500mg $\frac{1}{2}$ Bil #30 R-12

000051

MEDICAL RECORD

CHRONOLOGICAL RECORD

MEDICAL CARE

DATE

SYMPTOMS, DIS.

SIS. TREATMENT, TREATING DR.

ACTION (Sign each)

CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines
 () Lipid () Pulmonary () Mental () Neurology () Ortho () General
 () Other:

* COX-2 Inhibitor

* Statins

SUBJECTIVE: (Chief Complaint)

Hep Con Tx ASTHx GERD

2/9/05

Back at full dose on 2/3/05
feels OK

1440

Med. Compliance:

OBJECTIVE: (Review System) Age: 43 Sex: Male Race:

B / P: 130/80 P: 70 Wt: 286 T: R / R: SO2%: Peak Flow:

HEENT: OK

Heart: OK

Last Op / Opth. Eval.:

Lungs: clean

Abdomen:

Genital / Rectal:

Extremities:

Neuro:

Recent Lab Results: 1 + edema

ASSESSMENT(S): edgy

Diabetic foot
Screen Test StDiabetic foot
Screen Test St

DSM IV Classification

Axis I:

Axis IV:

Axis II:

Axis V: GAF Score:

Axis III: allah, stole

Preventive Care:

Diet:

Exercise: ya

Tobacco Use: no

Medication Side Effects:

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART. / SERVICE

RECORDS MAINTAINED

SPONSOR'S NAME

SSN / ID NO.

RELATIONSHIP TO SPONSOR

FCI McKean

PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle;
No. or SSN; Sex; Date of Birth; Rank / Grade)

REGISTER NO.

WARD NO.

Donald Moshier

CHRONOLOGICAL RECORD OF MEDICAL C.

Medical Record

FORM 600 (REV. 6-97)

Issued by GSA / ICMR 000052

FD-1041 (CFR) 201.202.4

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	Pain Level: 1 2 3 4 5 6 7 8 9 10
	PLAN: <i>edgy. trouble on the compound</i>
	Patient Education:
	() Discussed Test Results () Discussed Tx Plan
	() Etiology, Complications, Prognosis, Prevention
	() Diet, Diabetic / Cardiac / Disease, Lifestyle Changes () No Smoking
	() Medication Dosage / Administration / Compliance / Side Effects
	() Patient Understood Topics () Verbalized Understanding
	() Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.
	Diagnostic Studies: () CBC / Dif () U / A () LFT () Chem. Profile () Lipids () HgAlc () PSA () Viral Load () CD4 () Toxo IgG () Hepatitis Panel () CXR () EKG () Others:
	Consultations: () Optometrist () Ophthalmologist () Orthopedic Surgeon () Others: <i>weekly x 8</i>
	Referral for Vaccination: () Influenza () Pneumococcal () Other:
	Return to Clinic for routine Follow-Up on: <i>1 wlc</i>
	Treatments(s):
	(<i>out of seq</i>) <i>peginterferon alpha 180mcg sc qwk } 3mo</i> <i>ribavirin 600mg po bid pill line }</i> <i>Lactulose 15cc bid #1 RF 8</i> <i>Doxycycline 100mg po bid #100 RF 2</i> <i>Albuterol # puff bid #1 RF 1</i> <i>Bacitracin one bid #1 RF 4</i> <i>Betamethasone oint (only) bid #1 RF 4</i> <i>Hydrocortisone 1% cream bid #1 RF 4</i> <i>Omeprazole 20mg po qd #30 RF 2</i> <i>Tylenol 500mg # bid #30 RF 2</i>
	Reviewed By: <i>[Signature]</i> V. Geza, PharmD
	000053 <i>[Signature]</i>